APR 7:9 2004 E

Application Number	10/803,176	CERTIFICATE OF MAILING UNDER 37 CFR§1.8(			
Filing Date	March 17, 2004	I hereby certify that this correspondence is being deposited with the United States Postal Service on April 27, 2004 as			
First Named Inventor	Shoji YOKOI	first class mail addressed to:			
Art Unit		Mail Stop Missing Parts Commissioner for Patents			
Examiner Name		P.O. Box 1450 Alexandria, VA 22313-1450.			
Confirmation No.	Not Assigned	Elizabeth A. Van Antwerp			
Attorney Docket No.	811_044				
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Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

	D. Box 1450 exandria,VA 22313-1450								
	COMPLETION OF FILING REQUIREMENTS — NONPROVISIONAL APPLICATION								
Sir	:								
1.	[ ] This replies to the Notice to File Missing Parts of Nonprovisional Application mailed								
	[ ] A copy of the Notice to File Missing Parts of Nonprovisional Application—Filing Date Grated is enclosed.								
2.	Declaration or Oath  [x] No Declaration or Oath was filed. Enclosed is the original Declaration or Oath for this application.								
3.	<ul> <li>Transmittal of English Translation of Non-English Language Papers</li> <li>Submitted herewith is an English translation of the non-English language application papers as originally filed. Also submitted herewith is a statement by the translator of the accuracy of the translation. It is requested that this translation be used as the copy for examination purposes in the PTO.</li> </ul>								
	The English translation of the non-English language application consists of:  Page(s) Translation Statement Page(s) of Specification Page(s) of Claims Page(s) of Abstract Sheets of Formal Drawings								
4.	Other Papers Enclosed  [ ] A Preliminary Amendment  [x] An Assignment and Assignment Transmittal  [ ] A Submission of Certified Copy of Priority Document  [ ] A Certified Copy of:  [x] An Information Disclosure Statement  [x] Form PTO-1449  [x] Copies of IDS Citations								

01 FC:1001 02 FC:1201 03 FC:1051

5. The filing fee has been calculated as shown below:											
В	Basic Filing Fee (37 CFR §1.16(a))										
C	LAIMS	Number Filed	NUMBER EX	KTRA	RATE						
To	otal Claims	4- 20 =	0	x	\$	18.00					
In	dep. Claims	4- 3=	1	х	\$	86.00	\$	86.00			
М	MULTIPLE DEPENDENT CLAIM(S) (if applicable) + \$ 290.00										
[×											
a.											
	TOTAL OF ABOVE CALCULATIONS =										
8. Si											
	ATIONS =	\$	986.00								
[											
[×	\$	40.00									
	TOTAL FEES DUE =										
[ <b>x</b>	<ul> <li>9. Payment of Fees and Authorization to Charge Additional Fees or Credit Overpayment <ul> <li>[x] A check in the amount of \$1,026.00 is enclosed.</li> <li>[] Charge Deposit Account 50-1446 in the amount of \$ Enclosed is a duplicate copy of this sheet.</li> <li>[x] The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-1446: <ul> <li>a. [x] Fees required under 37 CFR 1.16.</li> <li>b. [x] Fees required under 37 CFR 1.17.</li> </ul> </li> </ul></li></ul>										
Submitted By:											
Name	Stephen P. B	urr	Reg. No.	32,970		Customer No.	0251	91			
Signatur	· Lan	dn	Telephone No.	(315) 233-83  April 27, 2004		Facsimile No.	(315)	233-8320			